



Infor

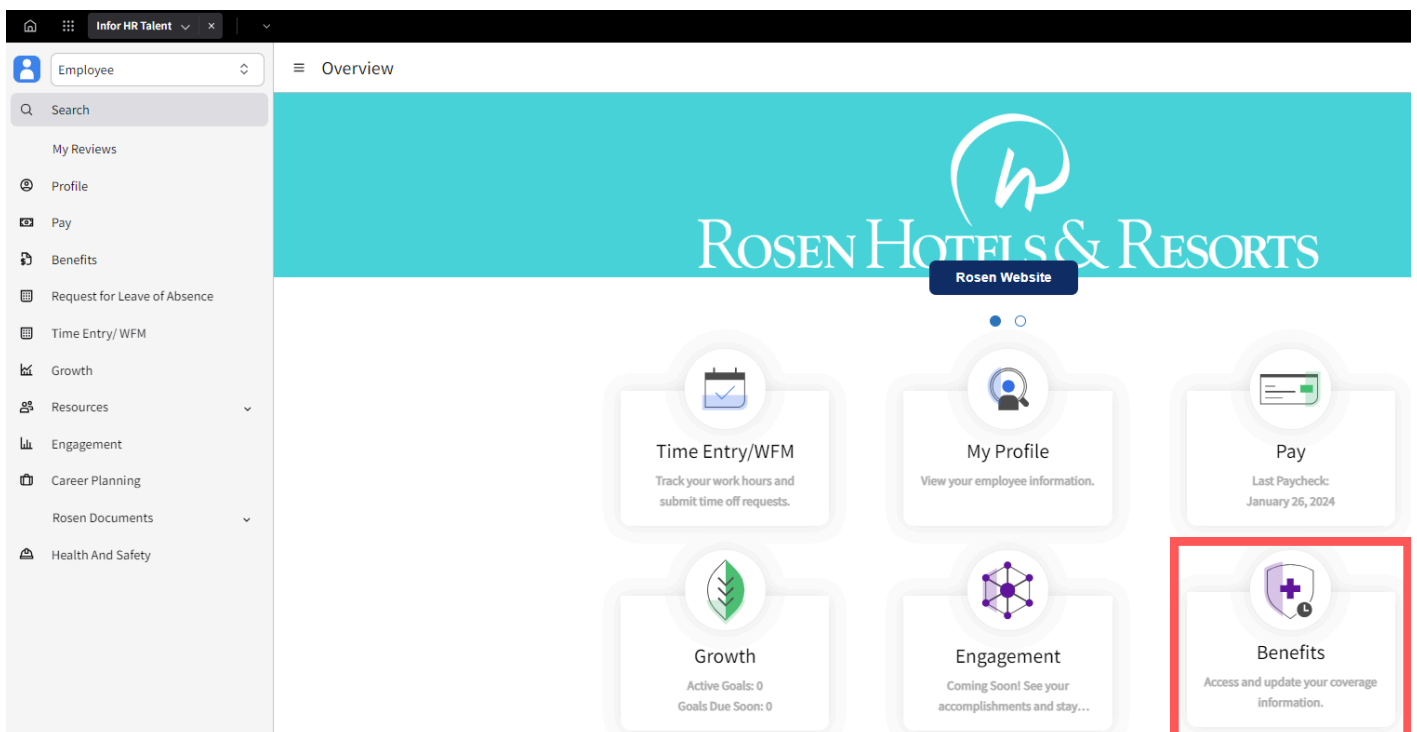
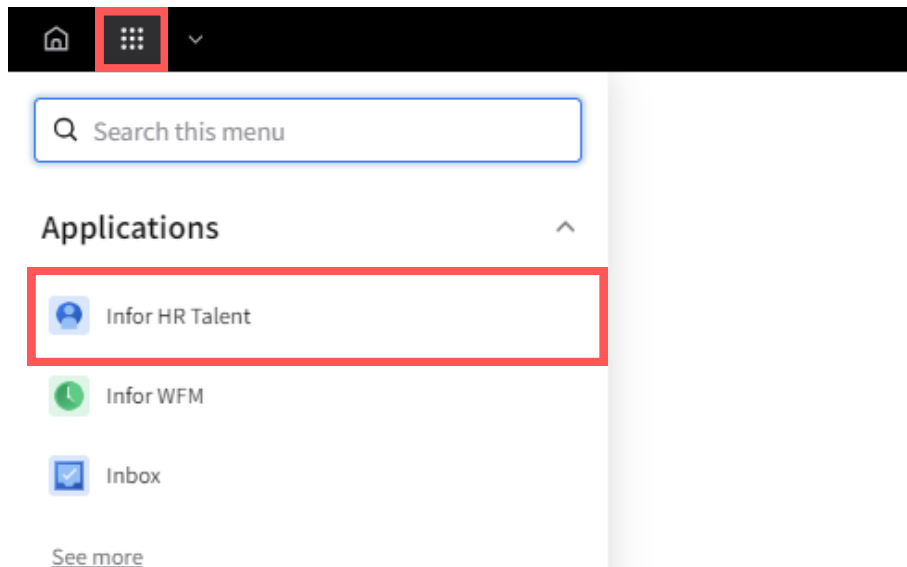
Inscripción Abierta

Esta guía ofrece instrucciones detalladas para completar su inscripción abierta para los beneficios del 2025 (versión para computador)



1

Acceda a la página web de **Infor**. Luego haga clic en el icono de navegación y luego en **Infor HR Talent**. Por último, haga clic en **Benefits**.



2

Revise sus beneficios actuales y el de los dependientes inscritos en cada plan . Haga clic en **View Beneficiaries** para Company Paid Life.

≡ Benefits

⌂ ...

Open Enrollment 2025

[Start Enrollment](#)

[Current](#) [Dependents and Beneficiaries](#) [Life Events](#) [Information](#)

Benefits

Plan		Pre Tax	After Tax
C Current Benefit Plans RosenCare Health Plan Associate Only	Enrolled Dependents	20.83	0.00
C Current Benefit Plans Delta Dental HMO Associate Only	Enrolled Dependents	0.00	0.00
C Current Benefit Plans Vision Plan VSP Associate Coverage Only	Enrolled Dependents	1.58	0.00
C Current Benefit Plans 401(K) Savings Plan		3.00	0.00
C Current Benefit Plans EAP Employee Assistance Program		0.00	0.00
C Current Benefit Plans Company Paid Life Insurance Coverage Including Amount Subject To EOI: 20,000.00 Coverage Amount: 20,000.00	View Beneficiaries	0.00	0.00

3

Revise los beneficiarios actuales de su seguro de vida pagado por la empresa. Para cambiar el porcentaje o la designación principal/contingente de sus beneficiarios actuales, haga clic en **Change Designation**. Para eliminar el beneficiario elegido, haga clic en **Withdraw**. Para seleccionar un nuevo beneficiario de la lista de Not Designated, haga clic en **Designate** junto a ese beneficiario. Haga Clic en el menú desplegable y seleccione **Primary** o **Contingent** y la cantidad del porcentaje. (Todas las cantidades deben ser iguales a 100%).

Company Paid Life Insurance -

Enrolled
January 1, 2024

Coverage
30,000.00

Primary Total Percent
100 %

Primary total equals 100%

Contingent Total Percent
100 %

Contingent total equals 100%

Primary

AC Spouse

Percent 100 %

[Change Designation](#)

[Withdraw](#)

Contingent

MR

Percent 100 %

[Change Designation](#)

[Withdraw](#)

Not Designated

AC

[Designate](#)

EC Child

[Designate](#)

4

Para adicionar un nuevo nombre a su perfil de beneficiario, haga clic en Add. Escoja **Primary o Contingent** y el porcentaje. Complete First Name (primer nombre), Last Name (apellido), Relationship (parentesco), Birth Date (fecha de nacimiento), Gender (genero) y un numero de telefono o dirección. Haga clic en **Submit**.

Beneficiaries

Name	Relationship	Birthdate	Identification Number
Add ...			

Create Beneficiary

Primary Or Contingent *

Percent Or Amount

Percent

Percent

Cancel **Submit**

5

Por último, haga clic en **Designate** junto a su nuevo beneficiario para designarlo. Haga clic en el menú desplegable y escoja **Primary o Contingent** y la cantidad del porcentaje.

Not Designated

AC

EC Child

Designate

Designate

6

Vuelva a Benefits en el menú principal y haga clic en **Start Enrollment**.

≡ Benefits

Open Enrollment 2025

Start Enrollment

Current

Dependents and Beneficiaries

Life Events

Information

7

Vea los enlaces y las instrucciones para matricularse. Para continuar haga clic en **Next**.

Employee

Open Enrollment 2025

Next

Search

My Reviews

Profile

Pay

Benefits

Request for Leave of Absence

Time Entry/ WFM

Growth

Resources

Engagement

Career Planning

Rosen Documents

Welcome to Open Enrollment for your 2025 benefits!

Changes are effective January 1.

You have until November 22, 2024 at 11:59p.m. to complete your enrollment. You can make changes as often as you need until the deadline.

Enrollment Period

[Infor Enrollment Guide](#) [Benefits Website](#) [Supplemental Benefits Enrollment Site](#)

Click **Return to Beginning** in the upper right-hand corner at any time to go back.

To view plan information, click on the benefit plan you have selected. Then click on [View Plan Document](#).

To view and enroll in disability, life insurance, and Allstate Benefits, visit the supplemental benefits enrollment site by clicking the link above. Then return to this page to complete enrollment in all other benefits.

Click **Next** to begin.

8

Revise y actualice su información personal si es necesario. Para continuar, haga clic en **Enroll**.

Open Enrollment 2025 For

Back

Enroll

Addresses

Add Address Change Address ...

Orlando, FL 32819
Mailing address
Residential address

Active

Contact Information

Add Phone Add Email Add IM ...

Landline - Home

Preferred

@outlook.com
Email

@rosenhoteles.com
Email

Emergency Contacts

Add Contact Change Contact Delete ...

Preferred

9

Vea sus opciones de matrícula. El menú de navegación está localizado en el lado izquierdo de su pantalla. **Puede acceder al menú de navegación en cualquier momento.**

Open Enrollment 2025 For

Return To Beginning Back ...

- Enrollment
- Health
- Dental
- Vision
- Company Paid Employee Life
- LegalShield Legal and ID Theft
- Gym Memberships
- Review your elections and click Submit.

Enrollment
Health

Previous Next

Refresh Selected Benefits ...



RosenCare Health Plan

Selected
Coverage: Associate Only
Coverage Amount: 0.00

Withdraw



RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Spouse
Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Children
Coverage Amount: 0.00

Select



Health Plan - Waive Coverage

Vera el paquete del plan de salud si es elegible para cobertura. Vea las opciones de cobertura (incluyendo la actual). Si no tiene cambios para Health, haga clic en **Next**. Para cambiar, seleccione la cobertura nueva haciendo clic en **Select** (para esta guía, usaremos asociado + conyugue). Luego, haga clic en el plan para ver información adicional y el resumen del plan haciendo clic en **View Plan Document**. Por último haga clic en **Close**. Para declinar o cancelar cobertura, haga clic en **Health Plan Waive Coverage**.

Open Enrollment 2025 For

[Return To Beginning](#) [Back](#) ...

Enrollment ^

Enrollment
Health[Previous](#)[Next](#)[Refresh](#) [Selected Benefits](#) ...☐ Health☐ Dental☐ Vision☒ Company Paid Employee Life☐ LegalShield Legal and ID Theft☐ Gym Memberships☐ Review your elections and click Submit.

RosenCare Health Plan

Selected

Coverage: Associate Only
Coverage Amount: 0.00[Withdraw](#)

RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00[Select](#)

RosenCare Health Plan

Coverage: Associate + Spouse
Coverage Amount: 0.00[Select](#)

RosenCare Health Plan

Coverage: Associate + Children
Coverage Amount: 0.00[Select](#)

Health Plan - Waive Coverage

Open Enrollment 2025 For

Enrollment ^

Enrollment
Health☐ Health☐ Dental☐ Vision☒ Company Paid Employee Life☐ LegalShield Legal and ID Theft☐ Gym Memberships☐ Review your elections and click Submit.

RosenCare Health Plan

Minimum number of dependents not se...

Coverage: Associate + Spouse
Coverage Amount: 0.00[Resolve Errors](#) [Withdraw](#)

RosenCare Health Plan

Coverage: Associate Only
Coverage Amount: 0.00[Select](#)

RosenCare Health Plan

Coverage: Associate + Child
Coverage Amount: 0.00[Select](#)

11

Para crear un dependiente nuevo, haga clic en **Create New Dependent**. Llene el (primer nombre) First Name, (apellido) Last Name, (parentesco) Relationship y (fecha de nacimiento) Birthday. Haga clic en **Submit**. Salte al próximo paso si no necesita crear un dependiente nuevo.

The screenshot shows a mobile application interface for selecting a health plan. A modal window titled "Health" is open, displaying a comparison between "This Plan" and "Current Plan". Both plans are "RosenCare Health Plan". The modal also shows "Enrolled Dependents" (No Dependents Enrolled) and a button to "Create New Dependent", which is highlighted with a red box. The background shows a list of health plans with details like "Coverage: Associate + Spouse" and "Pre Tax: 47.29".

Health

Minimum number of dependents not selected; Please select at least 1

This Plan	Current Plan
RosenCare Health Plan	RosenCare Health Plan
Coverage: Associate + Spouse	Coverage: Associate Only
Coverage Amount: 0.00	Coverage Amount: 0.00

Enrolled Dependents

No Dependents Enrolled

Enroll Dependents

Create New Dependent

Additional Information

[View Plan Document](#)

Close

The screenshot shows the "Add Dependent" form in the mobile application. The form includes fields for Name (First Name, Middle Name, Last Name), Personal Information (Relationship, Birthdate, Gender), Identification Number (Country/Jurisdiction, Identification Number), Telephone Numbers (Home Phone, Work Phone, Work Extension), and Address (Email Address, Address). The "Submit" button is highlighted with a red box. The background shows a list of health plans with details like "Coverage: Associate + Child" and "Pre Tax: 50.85".

Add Dependent

Name

* First Name * Middle Name * Last Name *

Additional Naming Options

Personal Information

Relationship * Birthdate * Gender *

Identification Number

Country/Jurisdiction Identification Number

us

Telephone Numbers

Home Phone

Work Phone Work Extension

Address

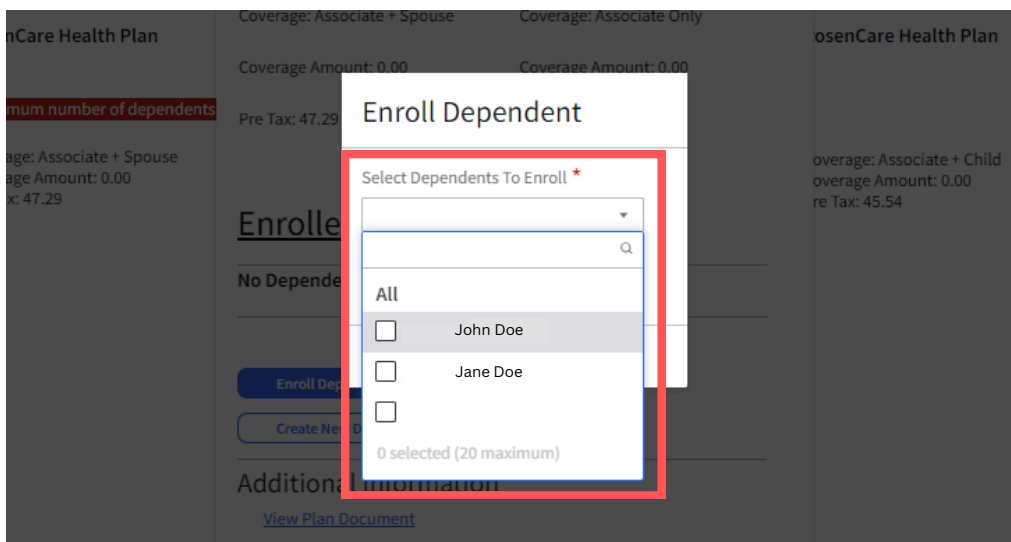
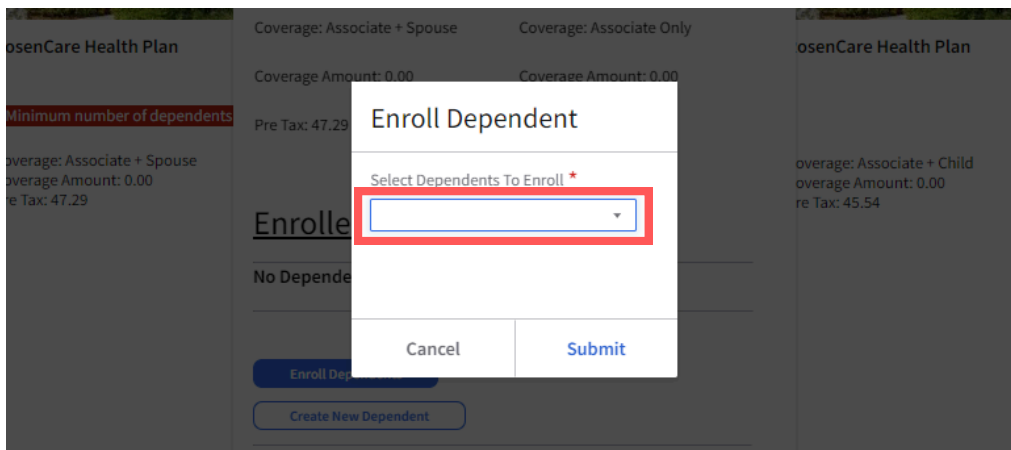
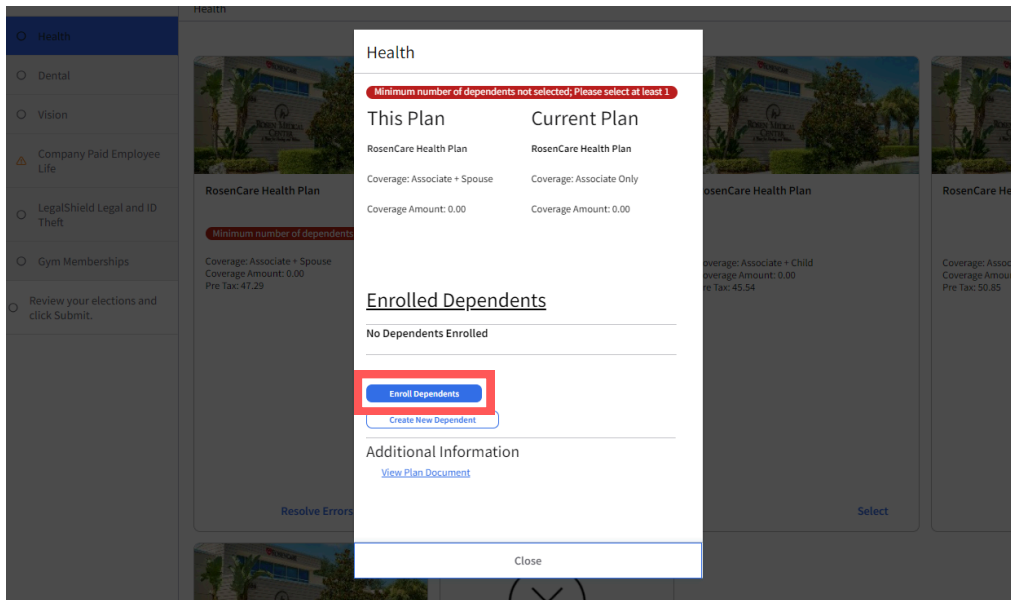
Email Address

Address

☐ Other Address ☒ Same As Resource Residence Address ☐ Same As Resource Mailing Address

Cancel Submit

12 Haga clic en **Enroll Dependents** para adicionar sus dependientes. Haga clic en el **icono de la flecha hacia abajo**, luego seleccione sus dependientes. Para continuar haga clic en **Submit**. Por último, haga clic en **Next**.



Coverage Amount: 0.00

Coverage Amount: 0.00

dependents

Pre Tax: 47.29

Spouse

0

Enroll

No Dependents

Enroll Dependent

Enroll Dependent

overage: As

overage Am

re Tax: 45.54

Enroll Dependent

Select Dependents To Enroll *

Jane Doe

Cancel

Submit

Refresh

Selected Benefits

...



RosenCare Health Plan

Selected

All eligible dependents are enrolled

Coverage: Associate + Spouse

Coverage Amount: 0.00

Withdraw



RosenCare Health Plan

Coverage: Associate Only

Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Child

Coverage Amount: 0.00

Select



RosenCare Health Plan

Coverage: Associate + Children

Coverage Amount: 0.00

Select

13

Vea las opciones dentales de HMO y PPO, incluyendo su plan actual. Para completar esta sección siga el **paso 10**. Para declinar o cancelar cobertura, seleccione el **Dental Waive plan**. Si no necesita ningún cambio, haga clic en **Next**.

Enrollment
Dental

Previous **Next** ?

Refresh Selected Benefits ...

 Delta Dental HMO Selected Coverage: Associate Only Coverage Amount: 0.00 Withdraw	 Delta Dental HMO Coverage: Associate + Child Coverage Amount: 0.00 Select	 Delta Dental HMO Coverage: Associate + Children Coverage Amount: 0.00 Select	 Delta Dental HMO Coverage: Associate + Spouse Coverage Amount: 0.00 Select
--	--	--	---

14

Vea las opciones de cobertura del plan de visión, incluyendo la actual. Para completar esta página siga el **paso 10**. Para declinar o cancelar cobertura, seleccione Vision Waive plan. Si no requiere cambios haga clic en **Next**.

Enrollment
Vision

Previous **Next** ?

Refresh Selected Benefits ...

 Vision Plan VSP Selected Coverage: Associate Coverage Only Coverage Amount: 0.00 Withdraw	 Vision Plan VSP Coverage: Associate + Family Coverage Amount: 0.00 Select	 Vision Plan - Waive Coverage Coverage: Coverage Amount: 0.00 Select
--	--	---

Seguro de vida pagado por la empresa: Haga clic en el plan y vea los beneficiarios para **Resolve Warnings** (resolver alertas) o cambiar beneficiarios, haga clic en **Select Beneficiary**, escoja un **Beneficiary** haciendo clic en el **icono de la lupa**. Escoja (primario) Primary or (contingente) Contingent, (porcentaje) Percent, luego haga clic en **Submit**. Haga clic en **Submit** nuevamente. Para remover un beneficiario, haga clic en **Deselect Beneficiary** y siga los pasos anteriores para escoger su nuevo beneficiario y haga clic en **Next**.

Enrollment
Company Paid Employee Life

Previous Next



Refresh Selected Benefits ...



Company Paid Life Insurance

No beneficiaries have been selected...

Resolve Warnings

Company Paid Employee Life

No beneficiaries have been selected

This Plan	Current Plan
Company Paid Life Insurance	Company Paid Life Insurance

Enrolled Beneficiaries

No Beneficiaries Selected

Select Beneficiary

Additional Information

[View Plan Document](#)

Cancel Submit

Select Beneficiary

Beneficiary *

Primary Or Contingent *

Percent Or Amount *

Cancel Submit



Company Paid Life Insurance

No beneficiaries have been selected

Company Paid Employee Life

This Plan	Current Plan
Company Paid Life Insurance	Company Paid Life Insurance

Enrolled Beneficiaries

SPOUSE Jane Doe

December

Primary

100.000%

Select Beneficiary

Deselect Beneficiary

Additional Information

[View Plan Document](#)

Cancel

Submit



Company Paid Life Insurance

Selected

16

Vea Legal Shield Legal y ID Theft Plans, incluyendo el que tiene actualmente. Para completar esta sección siga el **paso 10**. Si no necesita ningún cambio, haga clic en **Next**. Para declinar o renunciar a este plan, seleccione el **Legal Shield Waive plan**.

Enrollment
LegalShield Legal And ID Theft

[Previous](#)[Next](#)[Refresh](#)[Selected Benefits](#)[...](#)

Legal Shield

Coverage: Legal Only - Individual Coverage
Coverage Amount: 0.00

[Select](#)

Legal Shield

Coverage: Legal Only - Family Coverage
Coverage Amount: 0.00

[Select](#)

Legal Shield

Coverage: ID Shield - Individual Coverage
Coverage Amount: 0.00

[Select](#)

Legal Shield

Coverage: ID Shield - Family Coverage
Coverage Amount: 0.00

[Select](#)

17

Vea las opciones de membresía de gimnasio, incluyendo la que tiene actualmente. Para completar esta página siga el **paso 10**. Para saltarse la inscripción, haga clic en **Next**. Proceda al **paso 18**.

Enrollment
Gym Memberships

[Previous](#)[Next](#)[Refresh](#)[Selected Benefits](#)[...](#)

Gym Membership Fitness CF

Coverage: Single Plus 1 Amenity
Coverage Amount: 0.00

[Select](#)

Gym Membership Fitness CF

Coverage: Single Plus All Amenities
Coverage Amount: 0.00

[Select](#)

Gym Membership Fitness CF

Coverage: Couple Plus 1 Amenity
Coverage Amount: 0.00

[Select](#)

Gym Membership Fitness CF

Coverage: Couple Plus All Amenities
Coverage Amount: 0.00

[Select](#)

Para revisar sus beneficios seleccionados, haga clic en **Selected Benefits**. Revise cuidadosamente los beneficios seleccionados y haga clic en **Close**. Por último haga clic en **Next** para continuar.

Enrollment
Gym Memberships

Previous Next ⓘ

Refresh Selected Benefits ...



Gym Membership Fitness CF

Coverage: Single Plus 1 Amenity
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Single Plus All Amenities
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Couple Plus 1 Amenity
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Couple Plus All Amenities
Coverage Amount: 0.00

Select

Enrollment

Select

Selected Pay Period Total: 48.87

Refresh ...



Company Paid Life Insurance

Selected



Delta Dental HMO

Selected

Coverage: Associate Only
Coverage Amount: 0.00
Pre Tax: 0.00

Withdraw



Vision Plan VSP

Selected

Coverage: Associate Coverage Only
Coverage Amount: 0.00

Withdraw



RosenCare Health Plan

Selected

All eligible dependents are enrolled

Coverage: Associate + Spouse
Coverage Amount: 0.00

Withdraw

Close

Enrollment
Gym Memberships

Previous Next ⓘ

Refresh Selected Benefits ...



Gym Membership Fitness CF

Coverage: Single Plus 1 Amenity
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Single Plus All Amenities
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Couple Plus 1 Amenity
Coverage Amount: 0.00

Select



Gym Membership Fitness CF

Coverage: Couple Plus All Amenities
Coverage Amount: 0.00

Select

Revise el resumen de costo de los planes que eligió. Haga clic en **Submit** para continuar. **Escriba su primer nombre y apellido para firmar electrónicamente, y la fecha de hoy.** Haga clic en **Submit** para finalizar su inscripción abierta. Por último, haga clic en **View Confirmation** y revise para comprobar la exactitud.

Review your elections and click Submit.

Previous Next ⓘ



Submit Your Enrollment

You must click SUBMIT to finish your enrollment.

Submit

Cost Summary

Pay Period

Type	Cost / Percent Employee
Health	47.29
Dental	0.00
Vision	1.58
Company Paid Employee Life	0.00
LegalShield Legal and ID Theft	0.00
Gym Memberships	0.00
Pay Period Total	48.87

Submit Your Enrollment

You must click SUBMIT to finish your enrollment.

Submit

Cost Summary

Pay Period

Type	Cost / Percent Employee
Health	47.29
Dental	0.00
Vision	1.58
Company Paid Employee Life	0.00
LegalShield Legal and ID Theft	0.00
Gym Memberships	0.00
Pay Period Total	48.87

Submit

Click Submit to confirm you are submitting your benefits

Type your first and last name to electronically sign.

Signature

Date

Cancel

Submit



Your Enrollment Has Been Submitted

Click [View Confirmation](#) below to see a summary of the benefits you have selected, effective January 1, 2025. [Check for accuracy.](#)

If you need to make updates or changes, click on [Return to Enrollment](#).

To view and enroll in disability, life insurance and Allstate Benefits, visit the supplemental benefits enrollment site. Click [here](#).

View Confirmation

Return To Enrollment